

## Foster Family Home - Corrective Action Report

Provider ID: 2-619273

Home Name: Rowena Visaya, CNA

15-1518 25th Avenue

Keaau

HI 96749

Review ID: 2-619273-6

Reviewer: Carol Copeland

Begin Date: 5/1/2019

### Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

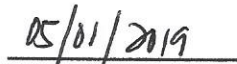
Comment:

6.(d)(1) Home inspection performed to recertify two client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date